



Premier Tax Services Inc.

2024 TAX WORKSHEET

PERSONAL INFORMATION

Name	Occupation	Date of Birth	Social Security Number
Taxpayer _____	_____	_____	_____
Spouse _____	_____	_____	_____
Mailing Address _____			
(PO Box or Street Address)		(City)	(State) (Zip Code)
Home Phone _____	Office Phone _____	Cell Phone _____	

Dependent's Name	Social Security Number	Relationship	Date of Birth	Child Care Expense

1. Can you or your dependents be claimed as a dependent on any other tax return? Yes No
2. Have you ever been denied an Earned Income Credit by the IRS? Yes No
3. Are you the custodial parent? Yes No
4. Has the child lived with you for at least half of the tax year? Yes No

Child Care Provider Expenses

Name	Address	Federal ID	GET#	Amount paid

MISCELLANEOUS

Education Tuition and Fees, Please attach or bring form 1098-T & sum of books and supplies
Student Loan Interest Paid, Please attach or bring Form 1098-E
Distributions from a 529 plan, Please attach or bring Form 1099-Q
Did you already, or do you plan on contributing to an IRA or a SEP plan for 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you install any energy efficient home property improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME

Type of income	Form(s) to Attach or Bring to Appointment
Wages and Salaries	<input type="checkbox"/> Form(s) W-2
Pensions, IRAs, Retirement	<input type="checkbox"/> Form(s) 1099-R
Social Security	<input type="checkbox"/> Form(s) SSA-1099
Unemployment	<input type="checkbox"/> Form(s) 1099-G
Interest	<input type="checkbox"/> Form(s) 1099-INT
Dividends	<input type="checkbox"/> Form(s) 1099-DIV
Partnership, Trust, S-Corp	<input type="checkbox"/> Form(s) K-1
Investments Sold	<input type="checkbox"/> Form(s) 1099-B & detail
Sale of Real Estate	<input type="checkbox"/> Form(s) 1099-S & closing statement
Gambling Winnings	<input type="checkbox"/> Form(s) W-2G
State Tax Refund	<input type="checkbox"/> Form(s) 1099-G
Other	<input type="checkbox"/>

RENTAL INCOME

	Property #1	Property #2	Property #3	Property #4
<i>Address</i>				
<i>Rents Received:</i>				
<i>Advertising</i>				
<i>Association Fees</i>				
<i>Cleaning</i>				
<i>Gardening</i>				
<i>General Excise Taxes</i>				
<i>Insurance</i>				
<i>Interest</i>				
<i>Management Commission</i>				
<i>Property Taxes</i>				
<i>Refuse</i>				
<i>Repairs</i>				
<i>Storage</i>				
<i>Supplies</i>				
<i>Travel</i>				
<i>Electric</i>				
<i>Water</i>				
<i>Gas</i>				

SCHEDULE OF SELF-EMPLOYMENT OR FARM INCOME

Principal business or profession _____

Gross Income and/or Sales.\$ _____
 Cost of Goods Sold:
 Beginning Inventory.....\$ _____
 Inventory purchased during year..... _____
 Materials and Supplies..... _____
 Less Ending Inventory..... _____
 Total Cost of Goods Sold.....\$ _____

Expenses:

Auto expenses (per vehicle): (For additional autos attach schedule)	Auto 1	Auto 2
Vehicle description.....	_____	_____
Total miles driven in 2024.....	_____	_____
Business miles driven in 2024.....	_____	_____
Daily commute (1 way).....	_____	_____
Fuel and oil.....	_____	_____
Repairs.....	_____	_____
Registration.....	_____	_____
Tires.....	_____	_____
Auto insurance.....	_____	_____
Lease + deposit made in 2024.....	_____	_____
Accounting.....	_____	_____
Advertising.....	_____	_____
Bank Charges.....	_____	_____
Cell Phone.....	_____	_____
Commissions.....	_____	_____
Dues & Publications.....	_____	_____
Education & Seminars.....	_____	_____
Employee Benefits.....	_____	_____
Employer portion of payroll taxes.....	_____	_____
Equipment Rental.....	_____	_____
General Excise Tax paid in 2024.....	_____	_____
Freight.....	_____	_____
Gifts.....	_____	_____
Gross Employee Salaries.....	_____	_____
Home Office Square Footage.....	_____	_____
Health Insurance Premiums.....	_____	_____
Interest Expense.....	_____	_____
Internet Expense.....	_____	_____
Large Equipment Purchases (List Separately).....	_____	_____
Legal & Professional Fees.....	_____	_____
Liability & Business Insurance.....	_____	_____
Licenses and Permits.....	_____	_____
Meals (Entertainment is no longer deductible).....	_____	_____
Office Expenses.....	_____	_____
Office Rent.....	_____	_____
Outside Services.....	_____	_____

Parking	_____
Postage	_____
Printing.....	_____
Repairs	_____
Storage	_____
Supplies.....	_____
Telephone.....	_____
Tools	_____
Travel (excluding meals)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Assets Purchased:

Description	Date	Purchase price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Hawaii General Excise Tax Number* _____***